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Principles of
Hospital Administration
and the Training of
Hospital Executives

Report of
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APRIL 1922

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Dr. David L. Edsall, Chairman — Boston
Dean, Harvard Medical School

Dr. W. L. Babcock — Detroit
Superintendent, Grace Hospital

Mr. John G. Bowman — Pittsburgh
Chancellor, University of Pittsburgh

Miss Elizabeth Flaws — Toronto
Superintendent, Wellesley Hospital

Dr. S. S. Goldwater — New York
Director, Mt. Sinai Hospital

Miss Annie W. Goodrich — New York
Teachers College, Columbia University

Prof. Paul H. Hanus — Cambridge
Department of Education, Harvard University

Rev. Charles B. Moulinier, S. J. — Milwaukee
President, Catholic Hospital Association of the United States and Canada

Dr. Frederic A. Washburn — Boston
Director, Massachusetts General Hospital

Dr. Willard C. Rappleye, Executive Secretary, Chicago
22 East Ontario Street

Gift
Carnegie Inst.
SEP 14 1925

Report of the Committee on the Training of Hospital Executives

IT IS becoming increasingly clear that the hospital has an important role in community health activities, in education of the community and the professional groups and in forwarding our knowledge of disease and its prevention. Present methods of meeting the demand for properly qualified hospital executives are quite inadequate. Reacting to this general situation, a conference of representative groups from various parts of the United States and Canada was called together by the Rockefeller Foundation early in 1920 to consider the problem and to suggest a feasible method of dealing with it. After considerable discussion, the conference appointed a Committee on the Training of Hospital Executives to make appropriate recommendations. This Committee assembled and reviewed the available literature on the subject and decided that a further direct study of contemporary hospital practice, organization and tendencies should precede any recommendations and an executive secretary was secured to make such a study. The following report represents the result of the inquiry.

The Committee feels that the report presents a reasonable basis for training hospital executives and for attracting into the field a group of individuals with proper qualifications for the work, and recommends that a course or courses of training of this general character be inaugurated under University auspices.

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Introduction

THIS report is an attempt to present a composite picture of the American hospital and to suggest a basis for training hospital executives. It is necessarily theoretical in character and represents the results of inquiries into a number of representative situations in various parts of the country, conferences with individuals acquainted with the problems involved and a digest of considerable literature pertaining to the field and to the principles involved. The sources of information may be indicated as:

A. University groups, executive, medical, nursing, extension and general.

B. Industrial executives, business men, engineers, bankers, hotel executives and others.

C. Individuals in hospital and dispensary activities, administrative and professional groups.

D. Physicians in rural and urban, general and special private practice, workers in community health programs and allied activities.

E. Individuals identified with national associations and local societies in contact with hospital activities.

F. Civic bodies, Chambers of Commerce, Rotary Clubs, etc.

G. Publicity groups.

H. Individuals connected with state and local governments.

I. Discussions at various meetings and conventions.

J. Studies on the training of various types of personnel, executive and professional.

K. Literature, books and current publications on hospital and professional problems, statistics, education, community surveys, industrial problems, personnel administration, etc.

General Considerations

An interpretation of the principles involved in hospital functions, organization and tendencies and a presentation of their relationships to the broad problems and activities of community life and to the professional groups should be the basis of training for hospital executives. An attempt to merely provide a vocabulary or even considerable information relative to this complex field would probably be insufficient. A philosophy of community responsibility in matters of health is rapidly growing and ultimate success depends upon a proper interpretation of the principles involved, logical plans of organization and finance to meet the various situations and the development of a group of creative leaders in the field of health economics. It is logical to look to the professional groups now identified with health activities, they have a responsibility which can not be shifted, to develop such leaders and to supply information and advice as to sound methods of meeting the growing demand for adequate health services. Obviously attention must be directed primarily to securing leaders and developing sound health policies as rapidly as possible rather than to formulating theoretical courses of study, supplying information or meeting superficially the immediate demands, although these matters must have proper consideration.

The hospital can not be separated from the problems of health. Security, happiness and progress, national no less than individual, are in considerable measure dependent upon individual health and vigor. Health as such is a positive state which, within limits, can be maintained or restored and it is incumbent upon communities to have within themselves or accessible reasonable provisions for such maintenance and restoration. Owing, however, to the great diversity of conditions of local social-economic life and the varying degrees of local public opinion relative to sound health policies, attempts to superimpose artificial programs and standards, to legislate rather than educate, are illogical. The problems are as yet essentially local and practical, not general or theoretical, and the appropriate solution must be sought accordingly.

A majority of the crippling and killing diseases do not lend themselves readily to even the most efficient community control and the attitude in the field of public health is evidently shifting from consideration of the aggregate toward consideration of the individual unit, the home. A large proportion of illness occurs, is cared for and should continue to be cared for in the home and the problems incident to illness, economic and other, often represent major threats to the very existence of this unit, which in the aggregate constitutes the community and the nation. High grade health services are available for the rich and poor but provisions are inadequate for bringing the best which modern medical knowledge offers to those of moderate means who, in reality, are the main element of our national life and strength. Any plan of organization proposed to adequately meet the health problem, therefore, must be predicated upon these considerations.

Service to the home has been rendered largely by the private practitioners of medicine and nursing and any plan of health activity which fails to embody the elements of this service, which has become an integral part of the social fabric of most communities, is neglecting a well established and recognized avenue of approach to the essential unit of the whole problem. For several reasons the character of medical and nursing practice is changing but the indicated changes do not presuppose radical alterations or substitutions. Unless there is clear evidence to the contrary the development of a sound program must be one of evolution, not revolution.

Medical education, as also nursing education, has been and still is largely a training in handling problems essentially individual. The intensive prosecution of numerous lines of study and practice has lead to an undue emphasis upon individualism and specialism at the expense of a properly proportioned educational program and equitably distributed services to patients and the community. Specialization is probably necessary for the advancement of knowledge, for teaching and for a proper division of labor; it is advantageous in securing recognition and rewards for intensive work. It has led, however, to competitive methods and, of greater consequence, has

left uncovered a large field of essential activities. As a result, there has developed some uncertain public opinion and a diversity of responses by pseudo-scientific groups in answer to the not altogether inarticulate demands of the community for personal service and individual attention. At the same time a number of local attempts to meet various phases of the whole problem have been made, of which group practice, various forms of public health and visiting nursing, dispensaries, clinics, health centers, public and private laboratories and various social organizations are but a few. Many of these activities are ill adapted to the practical needs of the community and the support which can be reasonably developed; some serve only special groups of the community; there is duplication and consequent excessive total costs, neutralization of effort, relative inefficiency and a false sense of accomplishment.

Apparently there is need for co-ordination of the various groups and individuals in the field to obviate the inadequacies of isolated activities, to secure collective expressions of policy and an active participation of all the groups in a common program. Success in the war on disease is not promised by physical equipment, numerous organizations, numbers of professional workers or even by adequate knowledge of the problems involved, but it depends primarily upon an intelligent co-ordination of all the efforts and an energetic, simultaneous and sustained application of all the activities, operating as an organic unit, toward the same and reasonably well defined objectives.

Position of the Hospital

The common ground upon which the patient, the community and the professional groups meet and representing the general type of organization which, with proper amplification and development, can best meet the problems suggested, is the hospital. It evidently occupies a strategic mid-position and has open to it a great opportunity and a corresponding obligation, not as an institution for the salvage of human wreckage but as a co-ordinator of activities—professional, economic and social—in their application upon the problems of health.

In such a conception, the hospital represents not the administration alone but a co-operative organization of workers and leaders devoted to the ideals of their respective professions.

The Hospital Field

At the present time there are between 7,000 and 8,000 hospitals of over 10 beds in the United States, having a total bed capacity of almost 700,000. Over 80% are institutions of 100 beds or less, about 40% of 25 beds or less and 75% of all the hospitals of 500 beds or more are institutions for nervous and mental diseases. More than 40% of the total number of beds are in these last named institutions although they constitute less than 10% of the total number of hospitals. About 70% of all the hospitals are in communities of 50,000 or less and 56% of the counties of the country have no hospital facilities, although the bed occupancy in hospitals devoted to relatively acute conditions averages only 67%.

The building program in various stages at present represents several hundred millions of dollars of contemplated expenditures. The capital investment involved in the present hospitals of the United States and Canada probably approximate $3,000,000,000. The maintenance costs of the hospitals represent considerably over half a billion dollars per annum. Industrial activities, even under the pressure of competition, show considerable ineffectiveness and hospitals, not usually subjected to the same restraining influences, must have an ineffectiveness which represents an annual financial loss alone of many millions of dollars. This is only partly attributable to management; some of the reasons are not controllable, others are inherent in the methods used in building hospitals without due regard for all the factors which enter into the problems of hospital location, organization and finance relative to actual needs to be met.

Hospitals may be classified in a number of ways depending upon the purpose in mind, i.e., by size, methods of support, staff organization, purposes of the hospital, methods of control, types of patients admitted, age or sex limitations; but these are only incidental considerations.

Hospital Functions

The functions of a hospital fall logically into three major groups, with appropriate sub-divisions, and these functions are applicable to all activities within the organization—medical, nursing, social service, dietetic, laboratory, administrative and others.

Service to the patient is the major function and includes adequate care and every reasonable attention to his physical and mental comfort. It includes prompt, accurate laboratory, X-ray or other determinations and an interpretation of the social-economic-environmental factors which may be contributory to the individual problem. A reasonably accurate diagnosis and a logical, skillful treatment should follow an evaluation of the facts and data secured. To render the treatment most effective, a follow-up and after-care function which aims at convalescent care, re-education and re-adjustment of physical or mental activities to secure promptly the highest degree of recovery and economic usefulness is necessary.

With proper safeguards, the hospital should have its entire facilities and personnel available for service to the community and to the practicing professional groups of the neighborhood, whose interests and those of the community in health matters are in large measure identical. By proper organization, considerable elaboration of the present hospital activities can be secured with little or no additional costs. By proper centralization of facilities and personnel, better service to the patient, the community and the professional groups at lower cost and much greater efficiency can be secured. An organization so established will attract trained individuals from University centers, thereby promoting a desirable infiltration into the local professional, hospital and community life. Many of the present problems of medical and nursing practice are identified with the non-availability of hospital, laboratory and treatment facilities in small communities and with a denial of similar facilities to a considerable portion of the qualified practitioners in the cities.

The hospital in the broader conception should provide much of the education of patients and the community

formerly devolving upon the family physician. There is much to be done in educating individuals, hospital trustees, professional groups and communities to demand adequate health services, to discriminate between real and alleged sound practices, to recognize the value of modern medical, nursing and other services, to appreciate, however, that elaborate facilities are required in only a relatively small minority of problems, and to assume the responsibility for organizing and financing the necessary facilities and personnel. The hospital is peculiarly fitted to do this type of educational work.

Every hospital has the opportunity and an obligation to train hospital personnel, laboratory workers, social workers, supervisors, dietitians, physicians, nurses and others. Co-operative medical and nursing practice of some form, based upon the personal relationship of physician, nurse and patient and the responsibilities arising from such relationships, seems not only desirable but inevitable. Educational work in that direction can be done by hospitals, co-operating with the professional groups, better than by any other agency. The medical staff by proper organization can be readily converted into a graduate-practitioner training center with great benefit to the individual, the profession and the community. The contacts of this group and the medical centers in the neighborhood are only a natural development. Similar organization of the other professional groups is equally feasible and desirable.

The attitude of investigation and research should be developed in every hospital; it is fundamental to sound progress. Investigation of many problems which are local and experimentation to meet such problems, the development of the investigative spirit which contributes vitality to every activity, and contributions to the advancement of our knowledge of disease, disease prevention and community organization in health matters fall within the scope of hospital research.

The hospital may then be defined as a community organization which provides facilities and personnel for rendering the highest possible grade of health services to patients, professional groups and the community; for educating the community to demand and support

adequate health services and sound health policies, for educating additional personnel and professional groups in technical fields and in co-operative endeavor; and for advancing our knowledge of disease and its prevention through technical research and appropriate organization. These functions are common to all hospitals. The apparent differences between hospitals arise only in the degree of emphasis placed upon some function or upon considerations which are identified with methods of control, support, size, types of patients admitted or to some other feature which, while important, is not fundamental. Any judgment of hospital performance must obviously be based upon securing an expression of the adequacy with which the complex functions suggested above are discharged in relation to the opportunities open. Hospital performance serves as a criterion of the standards of medical and nursing practice of a community and judgment of such performance is moral, not mechanical. Success in hospital betterment is conceded to be largely dependent upon proper local leadership and self-standardization and any suggestion for the development of such leaders is aiming at a fundamental contribution to the entire program.

Hospital Organization

The plan of organization to execute these complex functions must be developed to secure the highest efficiency of performance at a minimum of effort and cost. The chief function of administration is to create an environment conducive to the spontaneous, creative expressions of the groups working within the organization and to relieve the professional workers as much as possible of non-professional and non-technical duties; to provide, then, the facilities and machinery by which the fullest expression of functions may most easily be obtained. A sound plan of organization must be constructed in relation to the fundamental unit of operation, to the objectives sought and to the personnel it serves, not the reverse.

The unit of operation of the hospital about which the whole organization should be built, upon which all activities must ultimately converge and constituting the

reason for the existence of the hospital and professional groups working within it, is the patient. Only through him and contacts arising therefrom can the hospital find its fullest expression of service. A patient in the last analysis is only a human being either with or threatened with incapacity, physical or mental. He represents the cross section of a human life and as such is the resultant of many forces in the past—hereditary, industrial, environmental, economic, social—which may have conspired to predispose or contribute to his present condition. It is frequently quite as necessary, then, to understand and to interpret these human and social factors as it is to appraise technical and biological factors in order to secure a correct diagnosis, to guide treatment intelligently and to propose methods of prevention. The administration of a hospital under this conception must necessarily be based on the community as the unit of operation, not the institution.

The hospital organization requires a governing board in which must ultimately rest the responsibility for policies and their execution and the appointment of heads of professional services. On such a governing board should be represented a diversity of interests and a group of people acquainted with the community to be served, who have qualifications for the position, a willingness to assume responsibilities devolving upon such a board and who know the essentials of sound administration.

The hospital executive should be the executive officer of this governing board, furnishing it with information upon which sound programs may be formulated and carrying into effect the hospital policies so determined. Only a rare individual can do this unaided and various groups advisory to the executive and in contact with the governing board should be created. Much of the present confusion in hospital administration arises from a failure to recognize the position and responsibility of the executive officer, although it must also be said that frequently the executive is not adequately qualified by vision, training or experience to assume the responsibility theoretically devolving upon him. When this is true or alleged all manner of substitute devices are used, often with compromising results.

An appropriate administrative machinery under the hospital executive is necessary to execute the complex functions indicated. The purchasing of supplies, handling of stock, maintenance of buildings and grounds, housekeeping, subsistence for patients and personnel, handling of laundry, linen, records, the office problems and the employment of all grades of personnel are a few of the activities of hospital management. The laboratory, nursing, social service, out-patient department, dietary, special treatment and other activities must be efficiently mobilized and made available for service to patients, physicians and the community. The participation of the hospital and hospital groups in community and educational activities, the furnishing of advice and information and the furthering of hospital usefulness are included among the duties of the executive.

A sound organization and adequate functioning of the administration alone are insufficient. The medical staff and other professional groups must be co-ordinated under proper leadership to secure the best possible treatment of the patients, to facilitate education and investigation and to permit of the soundest advice in matters of policy and community service. The growing tendency to fix accountability for professional and hospital performance necessitates the organization of individual responsibility and a method of securing collective expression of policies and standards.

Many of the activities discussed require physical equipment:—buildings of various types, machinery, apparatus, instruments, laboratory equipment, supplies, drugs, fuel, provisions for subsistence and the comfort of patients and employees, office supplies and all the diversified physical requirements of a modern hospital. Sound policies of finance in building, in the purchase and distribution of supplies and for proper compensation of the personnel are necessary, but all these features constitute essentially only means by which a full realization of hospital functions may be possible.

The Executive Officer

The hospital executive, as executive officer of the governing board, stands between the policy determining

body and the hospital work and closely in contact with the professional groups. Such an officer should be able to interpret community needs, the methods to be devised to meet them, the objectives sought, the fundamentals of sound organization and administration, and be able to mobilize and direct the self-expression of diversified activities toward a common goal. The position of the executive must be clearly defined and he must be held responsible and be given commensurate authority for the performance of the duties indicated. The theoretical position of such an executive carries with it a dignity and an influence for good which challenges the highest degree of imagination and ability. The present somewhat general conception of a hospital as a hotel for the sick with the superintendent an exalted steward or clerk, with little voice in shaping policies and less responsibility in executing them, does not attract executives of the grade suggested. The result is a natural lowering of the rewards, dignity and opportunities of the position, consequent penalties and the establishment of a vicious circle. It seems clear that there is a great undeveloped field in organization of community health services and the need can apparently best be met by the elaboration of our present hospital organizations which embody most of the essential elements. Placing the hospital executive in a position of real responsibility and authority in such a scheme and aiming at a group of properly qualified individuals to meet such responsibility and opportunity will present sufficient challenge to insure a response both in personnel and the rewards for such valuable services.

The character or "personality" of a hospital is often merely a reflection of the executive. Among the desirable qualifications the following may be indicated without particular classification:—character, ideals, imagination, honesty, temperamental fitness, a sense of proportions, ability to co-ordinate work and get results, to analyze situations, make decisions and act accordingly; industry and diligence; adaptability; knowledge of the objectives, functions and responsibilities of the hospital, an understanding of the traditions and problems of the professional groups; acquaintanceship with the community needs, professional organizations and various agencies

in the field of community health; knowledge of the fundamentals of sound organization and finance. Obviously no one combines such an array of ideal qualifications but in some measure most of these must be either available in the executive or provided for by advisory groups,—even an attempt to centralize a whole organization in one individual should be discouraged.

Training of the Hospital Executive

Most of the present hospital superintendents have either drifted into the work without special training or have come up through a system of apprenticeship. The former method is probably partly responsible for the present confusion and for the apparent failure of hospitals generally to measure up to the opportunities and responsibilities open to them. The latter plan has rendered an excellent contribution but represents a method of preparation for professional work now largely abandoned in other fields. Education in general has passed through the phases of apprenticeship, didactic instruction, demonstration instruction and is now evidently entering a phase of disciplinary training. Preparation for hospital administration can probably be readily adapted to this method.

Several hospitals have set up more or less formal training for hospital superintendents, particularly for graduate nurses, and a number of hospitals have long been developing similar personnel under the direction of the executive. As yet, however, no provision for this education on a university basis has been made.

The large proportion of hospitals in the United States and Canada are institutions of one hundred beds or less and as they are now conducted can not, for financial and other reasons, attract executives with the highest qualifications. But an elaboration of our present conception of a hospital to that of a community function and the co-ordination of a number of health activities under a central policy determining organization should create a demand, offer ample opportunities and provide adequate rewards for leaders of the highest ability. This change will be gradual and provisions must be made and continued for developing superintendents of small institutions since

these institutions will always play an important role in the program of community health. But the prime consideration must be given to the development of creative thinkers and leaders as directors of co-ordinated programs of community health services.

Preliminary Requirements for Training

The development of leaders is more a matter of selecting promising individuals and of providing opportunities for them than it is designating and giving any preconceived instruction. The foregoing discussion gives some idea of the activities of an executive and of the duties which he is expected to fulfill. The need of judgment, poise and temperamental fitness are indicated in a preliminary requirement which may be spoken of as maturity, though not synonymous with age. The complexity of the problems and the various fields of contact of the hospital demand of an executive a mental training and general fund of information which may be suggested by an educational requirement. With proper elasticity in interpretation, a university degree or its equivalent should be a prerequisite for the training. While it may not be possible to prescribe the content of the preparation, it obviously would be desirable that it include the elements of such subjects as biology, psychology, social science, physiology, bacteriology, chemistry and physics. Those with medical training and a fund of knowledge, aptitude and ability in administration have the greatest opportunity to contribute to the broad program. These requirements are in themselves insufficient without evidence or promise of executive capacity as such, the imagination to visualize programs and policies distinct from details, ability to manage personnel and groups and to act upon as well as to make wise decisions.

The subject matter of a "course" in hospital administration is entirely subordinate to the qualifications, ideals and ability of the student, yet obviously the executive must have relative knowledge of the various activities in the field and such knowledge is best secured through actual training. What may be designated as an elementary or basic course could be designed to present the objectives, ideals, function, organization, contacts

and general features of hospital administration, serving at the same time as a method of learning the aptitudes as well as the limitations of the student. Such a training should embrace theoretical and practical work in hospital-community-health problems. An intermediate course can well be provided for those who, for one or several reasons, will not take a full course of training. The major concern and the greatest contribution, however, should be in advanced work by and with a group of properly qualified individuals with vision, adequate training and industry who can be developed into a group of leaders and investigators in the field of community health.

The length of these various phases of a common course must be determined in part by the subject matter to be covered and by practical considerations of the student and the field to be served. Consensus of opinion is that the basic course should probably be not less than twelve nor more than eighteen months. Since it requires about four months to adequately cover a period of practical instruction in hospital operation, and a period of two months should be allowed for visiting other institutions and for final conferences, a total period of fifteen months seems to be the optimum length of the basic course, allowing a full nine months (corresponding to a University year) for the theoretical-demonstration work. Possibly additional work in summer session should be given.

Subject Matter Required for Basic Training

Without attempting to set up a schedule of subject matter, the following list of major topics for the theoretical training is given largely in an attempt to present something concrete and to designate the relative importance of each for a symmetrical preparation for hospital administration. Since individuals with different training and experience may become students if such a course should be established, it is necessary to have considerable latitude in schedule to permit of substitutions and electives. Some elasticity should also be permitted to allow expression of features particularly well developed at any place where such training might be given or to fit peculiar aptitudes of certain students. The schedule suggested is not given as a curriculum but may serve as a basis for

qualification to do advanced work or for completion of the elementary course. Under each major topic are placed a few random suggestions as to the ground to be covered by such topics without any attempt to present a complete subject matter.

I. Public Health (20%).

Major disease groups, their causes, methods of treatment and prevention.

Communicable disease control, community, institutional.

Social factors in disease, ignorance, poverty, vice.

Vital statistics, hospital statistics.

Statistics of morbidity for community, patient's records.

Health insurance, sickness insurance, contract medicine.

Mental hygiene, delinquency, relation of crime to mental diseases.

Community sanitation and hygiene, application of principles to hospital.

Industrial hygiene.

Relation of hours of work, sleep, diet, fatigue and normal physiology to health and disease.

Activities of public health departments, state, national.

Organizations in field of public health, their aims, ideals and operation, group medicine, visiting and public health nursing, etc.

II. Social Sciences (15%).

General definitions, principles, history.

Standards of living, poverty, education, recreation, unemployment.

Urbanization, causes, results of concentration of population.

Principles and agencies of relief, voluntary, governmental, local.

Health as a sociological problem, responsibility of government for health protection.

Rural problems, factors relating to health.

Principles of community organization, political science, economics.

Tendencies in sociology.

Publicity.

State medicine, problems incident to it.

III. Organization (15%)

Fundamentals of organization, responsibilities, governing boards, machinery for administration.

Internal hospital organization, departments, advisory groups, delegation of activities and responsibilities.

External contacts, agencies of the community, professional groups, political machinery.

Correlation of laboratory, X-ray, radium, social service, nursing, dietetics, ambulance service, visiting nurses, operating rooms, out-patient department, follow-up and after-care services, etc.

IV. Hospital Functions and History (10%)

History of medical and nursing practice, traditions and education.

Present tendencies in medicine and nursing, various suggestions to meet problems.

History of laboratories, social service, dietetics, special therapies, their relationship to each other and to other activities.

History of hospitals and their tendencies, foreign and American.

Position of hospital in community activities, present conception, tendencies.

Functions of hospitals and modifications of such functions.

Methods of care of sick, hospital and other methods.

V. Business Science (10%)

Definitions, theories of production and distribution.

Distribution of industrial risks, insurance of various kinds.

Cost accounting and interpretation, elements of bookkeeping.

Budget making, various types of accounts, collections.

Purchasing and selling, financing of capital and maintenance charges of hospitals.

Various forms of revenue, endowments, sustaining funds, community chests, state or municipal support, contributions, bonds, trust funds.

Records of performance of departments, office records and reports.

VI. Institutional Management (10%)

Principles, definitions, purposes, lines of responsibility and contact, management of departments such as kitchen, laundry, engineering, office, units of the hospital, store-room, housekeeping, etc.

Economies and methods of curtailing expenses of operation.

VII. Personnel Administration (5%)

Labor problems and labor management.

Psychology of work.

Efficiency, rewards, methods of increasing responses of workers.

Functions of labor in production.

Handling professional groups and departments.

VIII. Community Hospital Needs (5%)

Classification of hospitals.

Needs of the community for medical and nursing services.

Needs for hospitals and dispensaries, for various types of hospital beds, determining factors of industrial and social life, area to be served, population to be served, living conditions, etc.

Distribution of hospitals and their size, relative to present and probable future demands.

Other facilities in community for medical and nursing care.

Support in sight for an adequate program.

IX. Physical Plant (5%)

Location, construction, ventilation, heating, lighting, refrigeration.

Maintenance, alterations, repairs, equipment, depreciation, fuel consumption, etc.

X. Jurisprudence (5%)

Elements of contracts, testimony.

Responsibilities of and legal requirements for the practice of medicine and nursing.

Legal responsibility of hospital in matters of autopsies, accidents, compensation, operations, laboratory findings, professional care.

Principles of privileged communications.

Professional testimony.

At the completion of this academic-demonstration-conference period of nine months, six months of practical work should follow under educational supervision, the first four months to be spent in one hospital and the major part of the last two months to be spent in visiting hospitals of different types, sizes and organizations with the aim of learning adaptations and modifications which are necessary to meet different situations. A final period could be best spent in a seminar of interpretation conferences and discussions. This whole course would not produce a finished hospital executive but should provide a reasonably good background for future development either in the field of practical hospital and community health administration or for more advanced work in health economics.

A number of courses are now given in universities which cover in some measure the subject matter desired in the training suggested above, but a large body of scattered information must be assembled for the purpose. Probably most general courses, particularly undergraduate courses, would be of little specific value and, if practical, the subject matter of the suggested training should be presented for this particular purpose. It would be highly desirable to import authorities to give special subjects or a brief intensive period of instruction as constituent parts of such a training course.

The advanced training in administration should be largely in the nature of original work and investigation in one or several of the numerous fields suggested above and should be of a character comparable to the work required for a doctor's degree in public health and other University departments. No outline of such work can be prepared in advance for it must be guided by individual capabilities and inclinations. Part of such advanced work might well be done in community health studies and other activities attempting to apply and at the same time elucidate principles of community health organization.

Opportunities for Present Hospital Superintendents

Methods of stimulating and helping the large number of hospital superintendents now on the field will tend to elevate the entire level of health service. Provisions in a training center for promoting activities of this character would be highly desirable and helpful both to the field and to the center. Possibly some of these efforts and some of the activities described under research may be better delegated to some other organization in more intimate contact with the entire field, but somewhere there should be provided short courses, possibly some of them as segments of the regular basic training, unit courses, institutes of various kinds and the presentation of special courses for special purposes. The recent rapid development of University extension work and the promise which it brings opens another avenue for stimulating and helping executives now on the field. Such activities, however, cannot be used as substitutes for sound, broad

training and should be developed with a proper understanding of their purposes.

Research in Health Problems

The usefulness and very existence of any possible training center will be both measured by and dependent upon the spirit of investigation. Research activities must be inseparably identified with such a center if it is to realize the fullest conception of its function. The training and research should be developed as reciprocal activities of a single organization to insure mutual stimulation and singleness of purpose. While it is true that there are many opinions and a considerable unorganized body of information in the field of community health, there are relatively few real facts and demonstrations. Many of the problems fundamental to the economics of health and disease, to hospital needs, construction, organization, support, functions, finance, management, community service, bed distribution, educational activities, accountability, rural medical and nursing needs, group practice, urban demands, laboratory service and dispensary activities are inadequately solved. There is pressing need for real investigation into these and many kindred subjects and such studies may well be considered within the domain of such a possible training-research center.

Location of Training—Research Center

Specific questions relative to the location of any possible training-research center are beyond the province of this discussion. The aim of developing creative leaders with ideals of service to patients, the community, the professional groups, to education and research suggests the necessity for a proper atmosphere for such a center, conducive to the fostering and furthering of such ideals. The atmosphere, however, is only one factor. The field to be served is practical and isolation to secure an ideal environment might comprise an eventual program. Wherever located, however, there must be reasonably accessible or likely to be developed in the near future, the facilities, machinery and teaching personnel necessary for presenting the fundamentals of the subjects discussed previously. Such material and personnel are represented

for the most part in well established Schools of Arts and Sciences, Business Administration, Medicine, Nursing, Public Health, Engineering and where well developed hospitals, dispensaries and social agencies are available. All of these need not necessarily be present in the same city but a close educational supervision must be provided. The training suggested contemplates contribution from a number of sources but of greater importance than the mere contributions are the vision, teaching ability and attitude of those who will have charge of the instruction and supervision. The training should be under University supervision and the immediate direction of an individual of adequate University caliber, with a departmental staff and organization appropriate to this problem of training and research.

Wherever possible, courses now in existence and present personnel should be utilized. Problems incident to assembling material and mobilizing courses and personnel in several major University and hospital organizations to apply on a comprehensive training program cannot be handled by someone whose time and energy are largely taken up by other activities. The manner of working out the details of correlation and administration are matters to be studied in relation to practical suggestions as to where such a training course might be inaugurated. The financial considerations would include provisions for a department head, for administration, assistants and staff, possibly some compensation for personnel to secure and present special material not already available, for expenses of exchange instructors and lecturers, a budget for research, possibly a few fellowships and other incidental expenses. The number of full-time and part-time investigators and teachers to be provided can only be decided as matters develop, but much of the cost of community investigations and outside studies should be met by other agencies than the teaching-research center.

Any possible training-research center should be effectively articulated with other activities in the local environment and should merge its interests and problems with those of other groups with which it has contact. Such a center may well become a powerful influence in local educational fields in its attempt to translate and interpret

individual activities into a large composite program. It may serve later as a nucleus for the training of other groups of executives and leaders in fields allied to community health. In a somewhat similar manner it should be in close contact with national bodies working in the field, with which it must have proper orientation and out of which contacts much of mutual benefit should develop.

Conclusion

The growth of a sense of community responsibility in matters of health is leading to a demand for co-ordination of the diversified activities and professional groups concerned with these problems. The hospital represents in general the common ground of most of these activities and groups and a type of organization which may readily be adapted to the functions of co-ordination, education and service. It occupies a strategic position in the whole field of community health and provisions for the adequate training of hospital executives would constitute a fundamental contribution to the entire program. Such a training must necessarily cover too wide a range of activities for any one individual to master and it should be largely devoted to providing opportunities for those of high ideals, ability and proper qualifications to secure a fund of sound knowledge and a properly supervised disciplinary training in the administration of hospital functions. It should consider the development of personnel and the furthering of our knowledge of organized community efforts looking toward the conservation of health and the prevention of disease as fundamental to any plan of training.